

SAMBHAJI RAJE COLLEGE OF LIBRARY & MANAGEMENT SCIENCE, BEED

Application Form For Common Entrance Test-PG 2019-20

Personal Information

Name (in BLOCK Letters):-----

Mother's Name :-----

Date of Birth :----- Gender-----

E-mail :-----

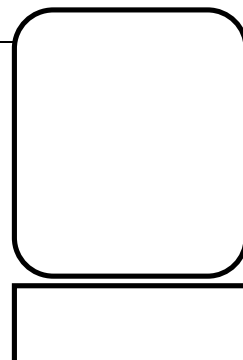
Election Voter ID :-----Non creamy layer-----

Category :----- Cast Validity -----

Contact No :1) -----2) -----

Address :-----
:-----

Physically Challenged : Yes / No



Educational Qualification

Name of Exam	Name of Board	Passing Date	Marks Obt.	Total Mark(Out of)	Percentage
SSC					
HSC					
BA/B.Sc./B.Com					

GRADUATION & FACULTY DETAILS

Name of Faculty :-----

Name of Course :-----

Subject Specialization(if any) :-----

Compulsory Subject :-----

Second Language :-----

Optional Subject 1) -----2)-----3)-----

Name of University :-----

Type of University 1) Home University 2) Other than Home University within Maharashtra

Examination Center :-----

Fee Receipt No.if Paid in cash _____ Date :-_____ Amount _____

Date :- / / 2019

Signature of Student